MONTH / DAY

TERRITORY #: _____

CALL #: _____

STATE: _____

TYPE STORE*: _____

ACCOUNT HAS: PLAN A ___ 1, PLAN B ___ 2, BOTH ___ 3, NEITHER ___

CARTONS SOLD: SELF SERVICE ___ 1, NON SELF SERV. ___ 2

AVERAGE WEEKLY CARTON VOLUME: _____

SALES PREDOMINANTLY: PACK ___ 1, CARTON ___ 2

BLACK ACCOUNT: ___ 1, HISPANIC ACCOUNT: ___ 2

	PROD-UCT AVAIL	PRICE PACK	PRICE CARTON	# CARTONS ON RACK (SELF SERV OR NON-SELF SERV)	TOTAL STORE INVENTORY (CARTONS)	BRAND IS CURRENTLY BEING DISPLAYED ON: ←PACK→ PERM CTR 1	TEMP CTR 2	SPEC PROM 3	←CTN→ SPEC PROM 4	BEST ESTIMA OF WEEKLY SALES (PACK
1 CENTURY 25s FILTER										PACK
2 CENTURY 25s LIGHTS										PACK
3 PLAYERS 85s REGULAR										PACK
4 PLAYERS 85s MENTHOL										PACK
5 PLAYERS 100s REGULAR										PACI
6 PLAYERS 100s MENTHOL										PACI
7 B&H DUL REGULAR										PAC
8 B&H DUL MENTHOL										PAC

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*TYPE STORE

1 - Supermarket
2 - Convenience or Convenience/Gas
3 - Grocery
4 - Drug
5 - Mass Merchandiser
6 - Liquor
7 - Newsstand or Smokeshop

Send to:

The NPD Group
P.M. Audits
P.O. Box 9100
Port Washington, NY 11(

Source: https://www.industrydocuments.ucsf.edu/docs/nnwj0004